

**Plaintiffs' Memorandum in Opposition  
to Joint Motion for Summary  
Judgment for Failure to Prove Fault  
Element of Public Nuisance Claims**

**Ex 7 – Hazewski Tr. Excerpts**

1           IN THE UNITED STATES DISTRICT COURT  
2           FOR THE NORTHERN DISTRICT OF OHIO  
3           EASTERN DIVISION  
4           - - -  
5

6           IN RE: NATIONAL : HON. DAN A.  
7           PRESCRIPTION OPIATE : POLSTER  
8           LITIGATION :  
9           APPLIES TO ALL CASES : NO.  
10           : 1:17-MD-2804  
11           :  
12           - HIGHLY CONFIDENTIAL -  
13           SUBJECT TO FURTHER CONFIDENTIALITY REVIEW  
14           - - -  
15           Videotaped deposition of  
16           EDWARD HAZEWSKI, taken pursuant to  
17           notice, was held at the law offices of  
18           Reed Smith, LLP, 1717 Arch Street,  
19           Philadelphia, Pennsylvania, beginning at  
20           9:36 a.m., on the above date, before  
21           Michelle L. Gray, a Registered  
22           Professional Reporter, Certified  
23           Shorthand Reporter, Certified Realtime  
24           Reporter, and Notary Public.

25           - - -  
26           GOLKOW LITIGATION SERVICES  
27           877.370.3377 ph | 917.591.5672 fax  
28           deps@golkow.com  
29

<p style="text-align: right;">Page 18</p> <p>1 why you think this deposition should not      2 proceed today?      3       A. No.      4       Q. Are you taking any      5 medications or undergoing any treatment      6 that would impair your ability to tell      7 the truth?      8       A. No.      9       Q. Are you -- same thing, are      10 you taking the medications or undergoing      11 the treatment that would impair your      12 memory?      13       A. No.      14       Q. Okay. From time to time,      15 we're going to obviously be talking about      16 things that happened in the past. I'm      17 entitled to your best recollection of      18 those events. Okay?      19       A. Okay.      20       Q. At the same time, I don't      21 want you to guess. So if you have a      22 rough estimate or a memory of something,      23 please provide it to the best you're able      24 to do so. But if -- if you just simply</p>	<p style="text-align: right;">Page 20</p> <p>1       A. Roughly a year.      2       Q. And then what -- what was      3 your next role?      4       A. My next role was as manager      5 of the diversion control program.      6       Q. And sorry, when you started      7 at the company as a corporate      8 investigator, who did you report to?      9       A. My best recollection is      10 Bruce Gundy was my direct report -- or I      11 reported directly to him.      12       Q. Is Bruce Gundy still with      13 the company?      14       A. Yes, he is.      15       Q. What role is he in now?      16       A. He is director diversion      17 control and security, in charge of      18 investigations.      19       Q. So you said you are director      20 of diversion control. What is your area      21 of focus currently?      22       A. Currently it's special      23 projects as identified by David May.      24       Q. How long have you been in</p>
<p style="text-align: right;">Page 19</p> <p>1 don't know, I don't want you to make up      2 an answer. Okay?      3       A. Okay.      4       Q. So you are currently      5 employed by AmerisourceBergen, correct?      6       A. Correct.      7       Q. What's your current title?      8       A. Director diversion control      9 and security.      10      Q. Who do you report to?      11      A. David May.      12      Q. Where are you physically      13 located? Here in Pennsylvania?      14      A. Yes. In Valley Forge,      15 Pennsylvania.      16      Q. When did you first become      17 employed by AmerisourceBergen?      18      A. June of 2007.      19      Q. What was the position that      20 you took when you were first hired?      21      A. I believe the title was      22 corporate investigator.      23      Q. How long did you hold that      24 position?</p>	<p style="text-align: right;">Page 21</p> <p>1 that role?      2       A. Probably since March of this      3 year.      4       Q. Okay. Going back. So      5 corporate investigator, and then manager      6 of diversion and control. Who did you      7 report to when you were manager of      8 diversion control?      9       A. Chris Zimmerman.      10      Q. How long were you in that      11 position?      12      A. From 2008 until 2014. I      13 can't be more specific in terms of --      14      Q. Okay. In 2014, what role      15 did you move into?      16      A. I -- I moved into the role      17 as -- with corporate investigations,      18 working along with Bruce Gundy.      19      Q. And how long were you in      20 that role?      21      A. I would say approximately      22 two years.      23      Q. And then where did you move      24 to?</p>

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<p>1        You just had it, right 2 there, with your left hand. Keep going. 3        A. Gotcha. 4        Q. One more. There you go. 5        A. Yes, I see it. 6        Q. Okay. Why is that a red 7 flag of diversion. 8        A. For reasons that are unclear 9 to me, that particular strength of 10 oxycodone seemed to be considered to be 11 more highly abused than other -- other 12 strengths of the same product. 13        Q. What was the basis for that 14 knowledge? 15        MR. NICHOLAS: Object to the 16 form. 17        THE WITNESS: Information 18 received from the DEA as well as 19 trade organizations in the 20 industry. 21 BY MR. PIFKO: 22        Q. And why would it be a 23 concern if a pharmacy was dispensing more 24 of this than other types of oxycodone?</p>	<p>1 who specifically I heard it from. But it 2 was generally discussed information in 3 the industry. 4        Q. When do you believe was the 5 first time you heard that? 6        A. My best recollection would 7 have probably been when I took -- became 8 manager of the diversion control team. 9        Q. When was that? 10        A. 2008. 11        Q. So looking at this slide -- 12 I know we're going out of order, but it 13 was relevant to the area that we were 14 discussing. Why is dispensing 15 prescriptions to patients or from 16 physicians not from the local area a red 17 flag? 18        A. Well, it suggests that they 19 can't get the prescriptions they want 20 locally, so they branch out, would be my 21 best guess. 22        Q. Right. That the idea that 23 someone who has a legitimate medical need 24 for a prescription probably wouldn't be</p>
<p>1        A. Well, knowing that it's more 2 prone to abuse, that would become a 3 concern for -- for us. 4        Q. You see on your copy and on 5 the screen, these pills are blue. 6        Do you see that? 7        A. Yes. 8        Q. Have you ever heard of 9 something called the Blue Highway? 10        A. I've not heard that term. 11        Q. Okay. Have you heard of the 12 idea that -- let's look at one of the 13 other slides here. 14        Go a few pages down. 15 There's a page with a bunch of license 16 plates, going towards -- yeah. 17        Have you heard of the idea 18 that people would travel to places like 19 Florida and bring pills back into other 20 areas like West Virginia and Ohio, among 21 other states? 22        A. I've heard of that. 23        Q. Where did you hear that? 24        A. I can't -- I couldn't say</p>	<p>1 driving out of the area to get their 2 prescription, correct? 3        A. I would agree with that. 4        Q. Let's go back to, a few 5 pages earlier, this page with the money 6 and the pills on it. The other way. The 7 other way, towards the beginning. 8        So you see another red flag 9 is accepting an unusually large 10 percentage of cash transactions for 11 prescriptions. 12        Do you see that? 13        A. I do. 14        Q. Why is that a red flag of 15 diversion? 16        A. Cash payments were generally 17 looked at as being subject to trying to 18 determine more information on those 19 transactions because of not being able to 20 track that information as you would 21 that's being paid by a third-party payor. 22        Q. Is it also the idea that 23 again a legitimate prescription, not 24 always but most likely, would have some</p>